

WRITE PL...ONLY WITH UNFADING INK—THIS IS A...N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140
County Registrar No. 836
Local Registrar No. _____

No. 117 Nash Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juana Hernandez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. yes 5. No., in order of birth. yes 6. Legitimate? yes 7. Date of birth Sept. 17, 1926
Month Day Year

8. FATHER
Full name Guadalupe Hernandez
9. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona

10. Color or race Mex.
11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Guerrero
(State or country) Mex.

13. Occupation
Nature of industry Miner

20. Number of children of this mother { (a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
Full maiden name Edorica Valenzuela
15. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona

16. Color or race Mex.
17. Age at last birthday 18 (Years)

18. Birthplace (city or place) El Paso
(State or country) Texas

19. Occupation
Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 5 A. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byril M. Brown M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed Sept 25 19 26 C. E. Jmie
Month, day, year Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

189-917-551